



Snohomish County

COMPLAINT INVESTIGATION REQUEST

Planning and Development Services
3000 Rockefeller Ave M/S 604
Everett, WA 98201-4046
(425) 388-3650 Fax (425) 388-3084

Date _____

VIOLATOR:

Name: _____ Phone#: (____) _____

Violator Address/Location: _____

City: _____ Zip: _____ Tax Account#: _____

Details of Complaint: **(type of violation, location on property, existed how long):**

*** Under the Public Records Act, chapter 42.56 RCW, the information provided on a complaint investigation request form is subject to public disclosure. Information revealing the identity of persons who are witnesses to crimes or who file complaints with investigative agencies may be withheld from disclosure under RCW 42.56.240(2) if the complainant indicates a desire for nondisclosure of their identifying information at the time the complaint is made.

☐ You may disclose my identity upon public inquiries regarding this complaint.

☐ You **may not** disclose my identity upon public inquiries regarding this complaint without my permission

*** Please note, your name must be disclosed if you are identified as a witness in an administrative or court proceeding concerning this matter, or if otherwise required by an administrative or court order.

COMPLAINANT INFORMATION:

Work#:(____) _____

Name: _____ Home#:(____) _____

Address: _____ City: _____ Zip: _____

Signature: _____ Date: _____